



Personal Information:			
Last Name:		First Name:	
Student Number:		Former Name:	
Date of Birth:		Phone Number:	
Email Address:			

Important Information:
<ul style="list-style-type: none"> • Transcripts will not be issued until all financial obligations to the University have been cleared. • If you do not remember your Student Number, we can find it using your date of birth and last name. • Form must be signed by the individual requesting his/her transcript as a third party cannot sign on your behalf. • It is your responsibility to ensure the form is completed in full. Incomplete forms will not be processed. • Return forms by fax (902) 420-5151, email: service.centre@smu.ca, or mail – Service Centre, Enrolment Services, 923 Robie Street, Halifax, NS, B3H 3C3, Canada.

Transcript Order:
Number of Transcripts Required (\$5.00 each)

Processing Options – Please Select One:		
Regular Processing - Five business days from date received.		
Next Day Processing - One business day from date received. Additional \$10.00.		
Same Day Processing - Same business day. Additional \$12.00		
Wait Until My Grades Are Posted	Specify Term:	
Wait Until I Graduate	Graduation Date:	

Delivery Method – Please Select One:	
Hold for Pick Up – After 1:00 pm. Photo ID required.	
Send by Regular Mail (Canada Post) – Provide mailing address below.	
Send by Courier (Tracked Mail) – Provide civic mailing address below. Cannot deliver to P.O. Box.	
Recipient Phone #:	
Send by Fax - Provide fax number and mailing address below.	
Send by Email	

Mailing Address Information:			
To:		Courier Prices: Canada & U.S. - \$15.00 International - \$40.00	Fax Prices: All locations - \$5.00
Address:			
		Note: Prices listed per address and/or fax number.	
Signature:		Date:	



OFFICE USE ONLY			
M101	M115	M118	Total Charged

Transcript Payment Information

****Please print, complete and return with transcript request form by fax or mail****

Amount Due:	
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Student Name:	
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Student Number:	
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Payment Method:		

Cardholder will pay to the Issuer of the charge card presented herewith the amount stated hereon in accordance with the Issuer's Agreement with the Cardholder.

Cardholder Name:	
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Cardholder Signature:	
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**Complete credit card information below.
Once payment is processed, your credit card information will be destroyed.
Please Note: Visa/Debit and Mastercard/Debit cards cannot be used.**

Credit Card Number:	

Expiry Date:	Month	Year:	
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